

L13000136499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

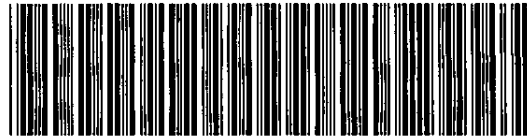
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600263821546

09/02/14--01031--001 **35.00

14 SEP 15 PM 3:43
DIVISION OF CORPORATIONS

C. LEWIS

SEP 23 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2014

NANCY S. POUNCEY / ALL STONE AND MARBLE CARE LLC
893 STIRLING DR
WINTER SPRINGS, FL 32708 US

SUBJECT: ALL STONE AND MARBLE CARE LLC
Ref. Number: L13000136499

We have received your document for ALL STONE AND MARBLE CARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 014A00019263

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL STONE AND MARBLE CARE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy S. Pouncey
Name of Person

ALL STONE AND MARBLE CARE LLC
Firm/Company

893 STIRLING DRIVE
Address

WINTER SPRINGS, FL 32708
City/State and Zip Code

sp3939@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy S. Pouncey at (407) 695-2233
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ALL STONE AND MARBLE CARE LLC

2. (a) 893 STIRLING DRIVE

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

WINTER SPRINGS

FL 32708

(b) SAME

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. 09-27-2013
Date of filing/registration in Florida

4. L13000136499
Document number

5. (a) DEB REEVES

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE, FL 32301

(b) NANCY S. POUNCEY

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

893 STIRLING DRIVE

NEW Registered Office Address:

Winter Springs, FL 32708

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nancy S. Pouncey
Signature of a member or authorized representative of a member

Nancy S. Pouncey
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Nancy S. Pouncey
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

14 SEP 15 PM 3:43
DIVISION OF CORPORATIONS